

State of Tennessee
Department of Children's Services
7th Floor Cordell Hull Building
436 6th Avenue North
Nashville, TN 37243-1290
1-800-600-4999

Standard Claim Invoice Instructions

- **Version 2 - Former Claim 12**
- **Form must be typed.**
- **Vendor Name** = The name of the organization or business that will receive payment.
- **Vendor Address** = The address of the organization or business that will receive payment.
- **City** = The name of the city where the organization or business is located that will receive payment.
- **State** = The state where the organization or business is located that will receive payment.
- **Zip** = The zip code where the organization or business is located that will receive payment.
- **Vendor Tax ID** = The 12 digit tax ID which includes prefix & suffix. This tax ID must match the tax ID on STARS (State of Tennessee Accounting and Reporting System) for the address listed on the invoice. If you do not know your prefix and/or suffix, please call 1-800-600-4999 or 532-4999 in the Nashville area and leave a message with the operator and someone will call you back with the information. Be sure to include your contract number.
- **Provider Code** = Must be the following two digit code:

MH = Mental Health
- **Contract Number** = Assigned by DCS and must match the contract number for the vendor requesting payment. There must be a contract number on all invoices. Multiple contracts cannot be combined on an invoice.
- **Rate** = The rate must match the rate on the contract for the dates being billed. There must be a rate amount on all invoices. If a contract has multiple rates, they must be billed on separate invoices.
- **Vendor Signature** = an original signature is required for each page of the standard claim form from the vendor before any payment can be made.
- **Print Name** = The printed name of the person signing the vendor signature.
- **Date Signed** = The date in MM/DD/YY format, including slashes, that the vendor signature was obtained.
- **Phone** = The phone number including area code of the person signing the vendor signature.
- **Service Provider** = Leave this blank.

- **Total Amount of All Pages** = This amount must equal the total of all pages that make up this invoice. An invoice can equal one or more pages but not more than one contract. Do not combine more than one contract on an invoice.
- **Last Name** = Child's last name for whom the goods and/or services were provided.
- **First Name** = Child's first name for whom the goods and/or services were provided.
- **MI** = Child's middle initial for whom the goods and/or services were provided.
- **Child SSN** = Child's social security number for whom the goods and/or services were provided.
- **Birth Date** = Child's birth date for whom the goods and/or services were provided. This must be MM/DD/YY format including slashes.
- **Sex** = Child's sex code **M** or **F** (male or female) for whom the goods and/or services were provided.
- **Proc Code** = The appropriate procedure code from the table in Attachment A must be used for the goods or services being billed.
- **Allot Code** = One of the following two digit allotment codes must be used.
 - 20** = non-custodial children.
 - 30** = custody children
 - 40** = adoptive children (If using this allotment code make sure you use the correct **adoption contract** for the specific child).
- **County Code** = The two digit county code of the actual county where the goods were purchased or where the services were performed.

County Code Table

01 Anderson	21 Dekalb	41 Hickman	61 Meigs	81 Stewart
02 Bedford	22 Dickson	42 Houston	62 Monroe	82 Sullivan
03 Benton	23 Dyer	43 Humphreys	63 Montgomery	83 Sumner
04 Bledsoe	24 Fayette	44 Jackson	64 Moore	84 Tipton
05 Blount	25 Fentress	45 Jefferson	65 Morgan	85 Trousdale
06 Bradley	26 Franklin	46 Johnson	66 Obion	86 Unicoi
07 Campbell	27 Gibson	47 Knox	67 Overton	87 Union
08 Cannon	28 Giles	48 Lake	68 Perry	88 Van Buren
09 Carroll	29 Grainger	49 Lauderdale	69 Pickett	89 Warren
10 Carter	30 Greene	50 Lawrence	70 Polk	90 Washington
11 Cheatham	31 Grundy	51 Lewis	71 Putnam	91 Wayne
12 Chester	32 Hamblen	52 Lincoln	72 Rhea	92 Weakley
13 Claiborne	33 Hamilton	53 Loudon	73 Roane	93 White
14 Clay	34 Hancock	54 McMinn	74 Robertson	94 Williamson
15 Cocke	35 Hardeman	55 McNairy	75 Rutherford	95 Wilson
16 Coffee	36 Hardin	56 Macon	76 Scott	99 Out of State
17 Crockett	37 Hawkins	57 Madison	77 Sequatchie	
18 Cumberland	38 Haywood	58 Marion	78 Sevier	
19 Davidson	39 Henderson	59 Marshall	79 Shelby	
20 Decatur	40 Henry	60 Maury	80 Smith	

- **CFA Y/N** = A "collective fund account" (CFA) is an account that accumulates funds when a child in state custody receives SSI, SSA, or some other benefit. This box will always be **N** for the provider codes in these instructions.

- **Vendor Invoice #** = The vendor's invoice number for goods and or services purchased. Maximum length is 10.
- **Service Start Date** = The date goods were purchased or the date a service started. This must be MM/DD/YY format. Including slashes
- **Service End Date** = The date goods were purchased or the date a service ended. This must be MM/DD/YY format including slashes. Note: both the service start date and the service end date must be completed even if they are the same date.
- **Unit** = For contracts with a daily rate the Unit is the number of authorized days (see Amount below for calculation of authorized days). Authorized days are used for Provider Codes RT.
- **Amount** = For contracts with a daily rate the amount must equal the number of authorized days times the rate. The number of authorized days is based on the PROC CODE. If the Proc Code is 001, ("service end date" - "service start date" + 1) x the Rate. If the Proc Code is 010, 01A, 020, 02A, 030, or 03A, the amount will be calculated by counting the service start date and the service end date plus dates in-between x the Rate. If the Proc Code is 002 the amount must equal ("service end date" - "service start date") x the Rate.

Examples:

proc code 001, rate \$25.00:

12/31/02 - 12/01/02 + 1 = 31

31 x 25.00 = \$775.00

proc code 002, rate \$25.00 :

12/31/02 - 12/01/02 = 30

30 x 25.00 = \$750.00

proc code 010, rate \$25.00

SEE ATTACHMENT A FOR DETAILS

12/16/02 - 12/25/02 = 10

This calculation is also used for 020,030,01A,02A,and 03A

10 x 25.00 = \$250.00

- **Page __ of __** = The first blank equals the current page number and the second blank equals the total number of pages in the invoice.
- **Page Total** = The page total must equal the sum of the amount column.
- **DCS Case Manager** = The signature of the regional approver authorizing this payment. The regional approver must sign here.
- **Date** = The date the regional approver signed authorizing this payment. The regional approver must date here.
- **Position #** = The complete 18 digit position number of the regional approver authorizing this payment. The regional approver must complete.

- **Print Name** = The printed name of the regional approver authorizing this payment. **The regional approver must complete.**
- **Phone** = The daytime phone number of the regional approver authorizing this payment. **The regional approver must complete.**
- **DCS Case Supervisor** = The signature of the case supervisor authorizing this payment. Leave blank at this time.
- **Date** = The date the case supervisor signed authorizing this payment. Leave blank at this time.
- **Position #** = The complete 18 digit position number of the case manager authorizing this payment. Leave blank at this time.
- **Print Name** = The printed name of the case supervisor authorizing this payment. Leave blank at this time.
- **Phone** = The daytime phone number of the case supervisor authorizing this payment. Leave blank at this time.
- **DCS Case Signature** = Central office approving signature. **IF REQUIRED**, Central Office Personnel will obtain all pertinent information.
- **Date** = The date the person in central office signed authorizing this payment.
- **Position #** = The complete 18 digit position number of the person in central office authorizing this payment.
- **Print Name** = The printed name of person in central office authorizing this payment.
- **Phone** = The daytime phone number of the person in central office authorizing this payment.
- **Pre-Audit** = The signature of the person performing the pre-audit.
- **Date** = The date the person performed the pre-audit. Must be in MM/DD/YY format including slashes.
- **Position #** = The complete 18 digit position number of the person performing the pre-audit.
- **Print Name** = The printed name of person performing the pre-audit.
- **Phone** = The daytime phone number of the person performing the pre-audit.

Attachment A

Proc Code	Description
001	Treatment Center - Child is still in Facility on Service End Date, through last day of month
002	Treatment Center - Child left Facility on Service End Date
010 01A	Run Away Status – Can Bill for a maximum of 10 Days Extension of Run Away Days beyond the 10 days, MUST HAVE A WAVIER ATTACHED
020 02A	Detention Center – Can Bill for a maximum of 7 days Extension of Detention Days beyond the 7 days, MUST HAVE A WAVIER ATTACHED
030 03A	Hospitalized for a maximum of 21 Days Extension of Hospital Days beyond the 21 days, MUST HAVE A WAVIER ATTACHED

PROC CODE 010- Child runs on 12/16/97 and returns to facility on 12/26/97

You would bill for 12/01/97-12/16/97 using proc code 002, bill for 12/16/97-12/25/97 using proc code 010, and the remainder 12/26/97- 12/31/97 would be billed using proc code 001. This can all be billed on the same standard claim form using separate lines for each proc code for the same month.

PROC CODE 01A- Has been added to extend the number of consecutive days that you can bill for only if you have been asked by the region to hold the bed beyond the 10 days, approval with complete details must be attached to the standard claim form or payment cannot be made. You would bill the first 10 days as 010 and then the rest of the days that the child is on Run Away, you would use 01A.

PROC CODE 020- Child is placed in detention on 12/16/97 and returns to facility on 12/23/97

You would bill for 12/01/97-12/16/97 using proc code 002, bill for 12/16/97-12/22/97 using proc code 020, and the remainder 12/23/97- 12/31/97 would be billed using proc code 001. This can all be billed on the same standard claim form using separate lines for each proc code for the same month.

PROC CODE 02A- Has been added to extend the number of days that you can bill for only if you have been asked by the region to hold the bed beyond the 7 days, approval with complete details must be attached to the standard claim form or payment cannot be made. You would bill the first 7 days as 020 and then the rest of the Detention days as 02A.

PROC CODE 030- Child hospitalized on 12/06/97 and returns to facility on 12/26/97

You would bill for 12/01/97-12/06/97 using proc code 002, bill for 12/06/97-12/25/97 using proc code 030, and the remainder 12/26/97- 12/31/97 would be billed using proc code 001. This can all be billed on the same standard claim form using separate lines for each proc code for the same month.

PROC CODE 03A- Has been added to extend the number of days that you can bill for only if you have been asked by the region to hold the bed beyond the 21 days, approval with complete details must be attached to the standard claim form or payment cannot be made. You would bill the first 21 days as 030 and then the rest of the Hospital days as 03A.

ADDITION: WHEN YOU FILE FOR 010, 020, AND 030 FOR THE MAXIMUM DAYS OR LESS YOU ARE NOW REQUIRED TO ATTACH BACKUP STATING RUN AWAY, DETENTION, OR HOSPITAL SHOWING THE APPROVAL OR REQUEST FROM THE REGION FOR THE BED TO BE HELD. EXTENSION DAYS MUST HAVE A WAVIER ATTACHED GIVING THE REASON FOR THE EXTENSION AND THE DAYS REQUESTED AND APPROVED.